

Petition For NAFTA Transitional
Adjustment Assistance

U.S. Department of Labor
Employment and Training Administration



Primary and Secondary Firms

OMB Approval No.1205-0342
Expires: 08/31/04

1. Petitioner Information (Required for each of the three petitioning workers or their authorized representative.
If petition is filed by a union representative, family farmer or company official, only one petitioner required.) See instructions
on reverse side on Who May File a Petition.

Name			
Street Address			
City, State, ZIP Code			
Telephone			
Date of Separation			
(Include Title if filed by Representative)			

2. Complete Name and Address of Company Division or Subdivision for **(Affected) Workers**

Company Name			
Company Division			
Address			
Contact Person	Telephone/FAX:		

3. Fully describe the products produced by the affected workers.

4. Number of workers affected: _____

5. a. Are job losses due to your company's (employer's) shift in production to Mexico or Canada?
b. Are job losses due to your company (employer) importing products manufactured in Mexico or Canada?
c. Are job losses due to your company (employer) losing sales to customers who are importing products from Mexico or Canada?
d. Are job losses due to your firm losing business (as a supplier or assembler/finisher) with a firm that 1.) shifted production to Mexico or Canada, or 2.) lost sales because of increased imports from Mexico or Canada?

YES	NO	UNKNOWN

IMPORTANT: If the answer to 5d is YES, fill out the Secondary Firm information on the reverse side.

Petitioners' Signature(s) (If worker submitted, requires three workers' signatures: if submitted by union, family farmer or company official, requires only one signature.)

1.	2.	3.	Petition Date:
GOVERNOR'S OFFICE USE ONLY			
Representative (name):	State Name:	Receipt Date:	
Telephone/FAX:	State Case #:	Company contacted? Y / N	